



COMMONWEALTH OF VIRGINIA
DEPARTMENT OF MINES, MINERALS AND ENERGY
DIVISION OF MINES
PO DRAWER 900 • BIG STONE GAP, VIRGINIA 24219

ACCIDENT INVESTIGATION

Company Name:			Mine Name or Number:		Report Date:	Mine Index Number:
Address:			Location:			MSHA ID Number:
City:	State:	ZIP:	County:	Office Phone Number:		Mine Phone Number:
Person with Overall Responsibility:				Person in Charge of Health and Safety:		
Investigated:						

Notified by: _____ Date: _____ Time: _____
Accident Date _____ Accident Time _____ Shift _____
Foreman in Charge _____ Certification Number _____
Equipment Involved: _____
Was scene disturbed? _____

Location of Accident:
Brief description of Accident:
Recommendations:
Action Taken:

, Inspector / Specialist